

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0050989

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

318 1003 12634
FILED JAN 16 1964

VS 300
Rev. 4/59

1

240 13

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11

12 77-3

13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

World War I

World War II

15

DOCUMENT

BY AFFIDAVIT OF informant

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **St. Louis**

Length of stay in 1b
32 Days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Homer G. Phillips Hosp.**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **St. Louis**

c. CITY OR TOWN **Florissant**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
3075 Blackwood Dr.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
Robert Williams DeWolf

4. DATE OF DEATH
Month Day Year
Dec. 20, 1963.

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
5-30-16

9. AGE (last birthday)
47

IF UNDER 1 YEAR IF UNDER 24 HR.
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Adv. Account Executive

10b. KIND OF BUSINESS OR INDUSTRY
Advertising

11. BIRTHPLACE (City and state or country)
Champaign, Illinois

12. CITIZEN OF WHAT COUNTRY
U. S.

13a. FATHER'S NAME

Frank W. DeWolf

13b. MOTHER'S MAIDEN NAME

Fanny Davis

14. NAME OF HUSBAND OR WIFE

Genevieve G. DeWolf

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
Yes World War II

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Mrs. Genevieve G. DeWolf, Florissant, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)
**Compound fracture both bones of right leg;
Bronchial Pneumonia; suffered when car operated by the
deceased was struck by Pontiac Car at the intersection of
Kingshighway and West Florissant Ave., about 4:50 P.M. on
November 18th, 1963. Criminal Carelessness on part of
the operator of the Pontiac.**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL
disease condition given in PART I (a)
8/6-4-26

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☒ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
See above

20c. TIME OF INJURY
Hour a.m. p.m.
4:50 11-18-63

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Street

20f. CITY, TOWN, OR LOCATION COUNTY STATE
St Louis, Mo

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Cremation

12-23-63

Oak Grove Crematory

7800 St. Charles Rd.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

REGISTRAR'S SIGNATURE

White-Mullen Mortuary, Ferguson, Mo.

DEC 21 1963

Boad Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

00000000

00000000

00000000

00000000

Missouri St. Louis

Florissant

31 Days

St. Louis

3075 Blackwood Dr.

Hammer Co Phillips Hosp.

Dec. 20, 1963.

DeWolf

Williams

Robert

47

2-30-16

White

Male

U. S.

Champaign, Illinois

Advertising

Adv. Account Executive

Genevieve G. DeWolf

Fanny Davis

Frank W. DeWolf

Mrs. Genevieve G. DeWolf, Florissant, Mo.

198-10-3275

World War II

Yes

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by W. DeWolf on Dec. 16, 1963 at St. Louis, Mo.

or by

Student Embalmer No.

working under my personal supervision.

Student

Signature of Student Embalmer

Signed

Reinhold L. Schuman

Licensed Embalmer No.

3395

P. O. Address

St. Louis 35 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

7800 St. Charles Rd.

Oak Grove Crematory

12-23-63

Cremation

White-Mulligan Mortuary, Ferguson, Mo.